

ORDINANCE NO. 94-02

EXHIBIT "A"

**Town of Eatonville
201 Center St W
P.O. Box 309
Eatonville, WA 98328
(360) 832-3361**

REQUEST FOR/ACCESS TO PUBLIC RECORDS

Department: _____	Division: _____
Person receiving request: _____	Date: _____

REQUESTED BY:

Name: _____ **Date:** _____

Physical Address: _____

_____	Street	City	State	Zip
Mailing Address (if different from above):				

_____	Street or P.O. Box	City	State	Zip
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Phone Number: _____

If emergency request, indicate date desired: _____

RECORDS REQUESTED (be specific):

Title of Record: _____

Date of Record: _____

Please describe the records you are requesting and any additional information that will help us locate them for you as quickly as possible:

I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes

Signature: _____ **Date:** _____

Number of copies: _____

Number of pages: _____

Per page charge: _____

Total charge: _____